

Date: April 13, 1994 BQC #94-027

To: Nursing Homes NH 16
Supersedes BQC-93-010

From: Wisconsin Division of Health
Bureau of Quality Compliance
Bureau of Public Health
Bureau of Health Care Financing

Subject: Tuberculosis: Screening for Employees and Residents
Physical Environment Requirements

The Centers for Disease Control and Prevention (CDC) has identified residents and staff of long term care facilities to be at a greater risk of contracting tuberculosis than the general public. Factors associated with this increased risk include age, an institutional living setting, and the prevalence of chronic illness among long term care residents. There are several federal and state statutes, regulations and guidelines which reference tuberculosis prevention and control. Among these are:

- Federal nursing home requirements in 42 CFR 483.65(b)
- Federal Occupational Safety and Health Administration (OSHA) regulations
- CDC Guidelines
- Wisconsin Administrative Code HSS 132
- Wisconsin statutes s. 252.07 (formerly s. 143.06)

The Wisconsin Division of Health (DOH) has reviewed these requirements and guidelines and recommends that the following screening procedures be implemented to reduce the risk of tuberculosis transmission to long term care residents and employees:

1. That all residents of long term care facilities be screened for tuberculosis infection upon admission to the facility.
2. That all employees be screened for tuberculosis infection before they have direct contact with residents.

A history of BCG vaccination does NOT exempt any employee or resident from conforming to these screening recommendations. However, WRITTEN documentation of screening of new employees or residents within the previous six (6) months is considered to be consistent with these recommendations.

The [enclosed diagrams](#) illustrate the recommended steps to be taken by long term care facilities to screen residents and employees, and the recommended protocols to be followed when an exposure to active tuberculosis occurs within the facility. A glossary of terms is also enclosed to clarify the diagrams. The Wisconsin Division of Health is planning to offer a training session to providers on the management of tuberculosis cases in long term care facilities in the near future.

The Americans with Disabilities Act and Rehabilitation Act of 1973 prohibit the denial of an admission of a resident to a long term care facility, and the termination or non-hiring of an employee based solely on the results of tuberculosis screening. BQC Memo 93-010 was sent to all long-term care facilities in February, 1993, to reflect the requirements of this Act. This memo announced a waiver of certain portions of HSS 132 as follows:

- HSS 132.42(3)(a)
- HSS 132.42(4)
- HSS 132.51(2)(b)(1)
- HSS 132.51(2)(c)

These Wisconsin Administrative Code provisions prohibited employment or access to services based on the general category of communicable diseases. However, the language pertaining to tuberculosis screening for employees in HSS 132.42(3)(a) remains in effect. The memo also states:

“It should be noted that facilities may NOT require negative cultures as criteria for admission or readmission of residents from acute care and other health care facilities. A facility may require negative cultures to admit individuals with those diseases that require negative pressure rooms, vented directly to the outside (i.e., active tuberculosis), when the facility currently has no such room available.”

The waiver of these provisions does not relieve a facility from its responsibility to protect residents and employee health, safety and welfare through the use of effective infection control measures.

Long term care facilities must continue to meet current Wisconsin Administrative Code HSS 132.51(2)(b)2. This code requires that persons suspected of having a disease in a communicable state shall be managed substantially according to the CDC Guidelines for Isolation Precautions in Hospitals and Guideline for Infection Control in Hospital Personnel. This guideline states that persons with confirmed or suspected tuberculosis be placed in a private room with special ventilation. Long term care facilities must also continue to meet HSS 132.51(2)(b)3., which requires that suspected diseases reportable by law shall be reported to the local public health agency or the Division of Health, Bureau of Public Health, as provided by Wisconsin Administrative Code HSS 145. HSS 145.04(1)(c) requires a long term care facility to ensure that these reports, including reports of active or suspected tuberculosis, have been made to the appropriate agency. Upon notification of these reports, the long term care facility will be contacted by staff of the Wisconsin Division of Health (either the Bureau of Public Health or the Bureau of Quality Compliance) to assist the facility in understanding and implementing tuberculosis exposure protocol and to assess compliance with state/federal regulations regarding infection control.

The OSHA requirements for management of tuberculosis in long term care facilities include screening and training requirements for all employees, specifications for resident rooms in which residents with suspected or active tuberculosis are housed, employee respiratory protection for entering rooms used for this purpose, and documentation requirements to be followed by long term care facilities. Noncompliance with these requirements may result in citations and possible forfeitures assessed against the facility by OSHA. Enclosed is a copy of the OSHA “Enforcement Policy and Procedures for Occupational Exposure to Tuberculosis,” dated October 8, 1993. This document contains the referenced OSHA requirements and should be reviewed by the appropriate facility staff. The Bureau of Quality Compliance will not be assessing the facility’s compliance with OSHA regulations during the annual survey process. However, if deemed necessary, BQC may make referrals to the OSHA regional office for their review.

For residents receiving Medical Assistance (Medicaid), an additional payment is available for those who require isolation. Subject to prior authorization, a facility accepting a resident with a communicable disease requiring isolation pursuant to HSS 132.51(2)(b) may receive an additional payment of the difference between the nursing home’s private pay rate for a semi-private room and the private room rate up to \$35 per day in addition to the Level of Care rate. Requests for prior authorization should be directed to EDS-Federal, the Department’s fiscal agent.

Information on screening protocols may be obtained from Dawn Tuckey, Bureau of Public Health at (608) 266-9452. If you have any questions, or require clarification on this memo, please call Thomas Haupt, Bureau of Quality Compliance at (608) 267-1445. Information on OSHA requirements may be obtained from Terry Moen, Bureau of Public Health, at (608) 266-8579.

Attachments: Glossary
[Screening Steps](#)
OSHA Enforcement Policy and Procedure
[BQC-93-010](#)